



Alternative IV Post-Retirement Election

State Form 50798 (01-02)
Approval by State Board of Accounts 2002

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

INSTRUCTIONS

1. Please print or type the requested information in the corresponding boxes below.
2. Place an "X" or "✓" in the desired Alternative election.

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

MEMBER INFORMATION

Social Security Number		TRF Number	Date of Retirement (mm/dd/yyyy)
First Name	Middle Initial	Last Name	
Member's Address (Street or P.O. Box)		Area Code and Phone Number	
City	State	ZIP Code	

ELECTION FOR ANNUITY SAVINGS ACCOUNT PAYMENT

You must select one of the five alternatives described below. You may only select one of the options. This selection cannot be changed by the Fund once the form has been received.

☐

ALTERNATIVE I. I elect to receive the total amount of my Annuity Savings Account paid as a monthly benefit. I understand that I will not receive any distribution from my Annuity Savings Account other than this monthly benefit.

☐

ALTERNATIVE II-A. I elect to have the total amount of my Annuity Savings Account (less the mandatory withholding for federal income tax) ***paid directly to me.***

☐

ALTERNATIVE II-B. I elect to have **ALL** of the taxable portion of my Annuity Savings Account paid in the form of a direct rollover to an Individual Retirement Account or a Qualified Retirement Plan that has provisions allowing it to accept the rollover on my behalf. The non-taxable portion will be ***paid directly to me.*** (See Box below)

☐

ALTERNATIVE II-C. (*May be selected only if you want a partial rollover amount of at least \$500.*) I elect to have a part of the taxable portion of my Annuity Savings Account paid in the form of a direct rollover to an Individual Retirement Account or a Qualified Retirement Plan that has provisions allowing it to accept the rollover on my behalf. The non-taxable portion will be ***paid directly to me.*** Also, the "part" of the taxable portion of the distribution that is not directly rolled over (less the mandatory withholding for federal income tax) will be ***paid directly to me.*** (See Box below)

PARTIAL ROLLOVER AMOUNT (*Must be at least \$500*)

\$

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ALTERNATIVE III. I elect to receive a distribution of an amount equal to my tax basis (after-tax contribution) in my Annuity Savings Account balance as it existed on December 31, 1986 and to receive the balance of the account as a monthly benefit.

IDENTIFICATION INFORMATION OF INDIVIDUAL RETIREMENT ACCOUNT OR QUALIFIED RETIREMENT PLAN.

I represent that the designated plan is an Individual Retirement Account or Qualified Retirement Plan that has provisions allowing it to accept direct rollovers on my behalf. The Fund should make the direct rollover check for the amount shown above payable to:

_____ as trustee of _____
Name of Trustee *Name of Individual Retirement Account or Qualified Retirement Plan*

My Individual Retirement Account number is _____. (If Applicable)

Continue on Back Side**MEMBER AUTHORIZATION**

I hereby affirm that I am the above named applicant and that I have personally prepared the foregoing application. I further affirm that I have read and understand the different alternatives listed. I hereby direct the Indiana State Teachers' Retirement Fund (Fund) to process my annuity savings account in the foregoing selected manner.

Member's Signature

Member's Printed Name

Date of Signature (mm/dd/yyyy)

NOTE: If this form is being signed by an Attorney-in-Fact or Legal Guardian, copies of the corresponding Power of Attorney or Guardianship of the Person must accompany this application

OFFICE USE ONLY

Date Received

Date Processed

Initials of Staff Member

Date when the annuity savings account is to be valued:

☐

January 1

☐

July 1

☐

April 1

☐

October 1